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Attorney Docket Number

| DECLARATION FO<br>DESIG  | First Named I   | nventor                          | Daines  |                |                     |  |  |  |  |  |
|--|---|----------------------------------|---|----------------|---------------------|--|--|--|--|--|
| PATENT APPLICATION   |   |                                  | COMPLETE IF KNOWN   |                |                     |  |  |  |  |  |
| (37 CFR 1  | Application Nu  |                                  | 10 / 604,658  |                |                     |  |  |  |  |  |
| □ Basianstias □  | Declaration Submitted after Initia                        | Filing Date                      |   | August 7, 2003 |                     |  |  |  |  |  |
| ☐ Declaration ☐ ☐ Submitted OR   |   | al Group Art Unit                |   | not assigned   |                     |  |  |  |  |  |
| with Initial<br>Filing   | Filing (surcharge<br>(37 CFR 1.16 (e))<br>required)       | Examiner Nan                     | ne  | not assigned   |                     |  |  |  |  |  |
|  |   |                                  |   |                |                     |  |  |  |  |  |
| As a below named inventor, I hereby declare that:  |   |                                  |   |                |                     |  |  |  |  |  |
| My residence, mailing address, ar  | nd citizenship are as stat                                | ted below next to my na          | ame.  |                |                     |  |  |  |  |  |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:   |   |                                  |   |                |                     |  |  |  |  |  |
| SIDE BET FOR BLACKJACK STYLE CARD GAME   |   |                                  |   |                |                     |  |  |  |  |  |
| (Title of the Invention)   |   |                                  |   |                |                     |  |  |  |  |  |
| the specification of which   |   |                                  |   |                |                     |  |  |  |  |  |
| is attached hereto OR  |   | an United t                      | Staton Ameliantia   | Noveber DO     | T (-1               |  |  |  |  |  |
| was filed on (MM/DD/YYYY)  | as officed otates Application Number of Pot International |                                  |   |                |                     |  |  |  |  |  |
| Application Number 10/604,658 and was amended on (MM/DD/YYYY) (if applicable).   |   |                                  |   |                |                     |  |  |  |  |  |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.   |   |                                  |   |                |                     |  |  |  |  |  |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-<br>in-part applications, material information which became available between the filing date of the prior application and the national or<br>PCT international filing date of the continuation-in-part application.   |   |                                  |   |                |                     |  |  |  |  |  |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. |   |                                  |   |                |                     |  |  |  |  |  |
| Prior Foreign Application<br>Number(s)   | Country   | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed  |                | opy Attached?<br>NO |  |  |  |  |  |
|  |   |                                  |   |                |                     |  |  |  |  |  |
|  |   |                                  |   |                |                     |  |  |  |  |  |
| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:  |   |                                  |   |                |                     |  |  |  |  |  |
| I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.  |   |                                  |   |                |                     |  |  |  |  |  |
| Application Number(s)  | Filing Date   | e (MM/DD/YYYY)                   | Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |                |                     |  |  |  |  |  |
|  |   |                                  |   |                |                     |  |  |  |  |  |

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## **DECLARATION** — Utility or D sign Patent Application

| Direct all correspondence to:   | Customer Nu<br>or Bar Code I |    | 22828   |               | OR      | Correspondence address below |  |  |  |
|---|------------------------------|----|---------|---------------|---------|------------------------------|--|--|--|
| Name  |                              |    |         |               |         |                              |  |  |  |
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| City  |                              |    |         | State         |         | ZIP                          |  |  |  |
| ountry Telephone  |                              |    |         |               | Fax     |                              |  |  |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                              |    |         |               |         |                              |  |  |  |
| NAME OF SOLE OR FIRST INVENTOR:   |                              |    |         |               |         |                              |  |  |  |
| Given Name   Shirley   Family Name or Surname   DAINES  |                              |    |         |               |         | ES .                         |  |  |  |
| Inventor's Signature Muyley Daines  |                              |    |         |               |         | Date Aug 12,203              |  |  |  |
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| NAME OF SECOND INVENTOR:     A petition has been filed for this unsigned inventor.  |                              |    |         |               |         |                              |  |  |  |
| Given Name (first and middle [if any])  Family Name or Surname  |                              |    |         |               |         |                              |  |  |  |
| Inventor's Signature Date   |                              |    |         |               |         |                              |  |  |  |
|   |                              |    |         | _             |         | Date                         |  |  |  |
| Residence: City State Country Citizenship   |                              |    |         |               |         |                              |  |  |  |
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| City  |                              |    | ZIP     |               | Country |                              |  |  |  |
| Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.   |                              |    |         |               |         |                              |  |  |  |